FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 363810

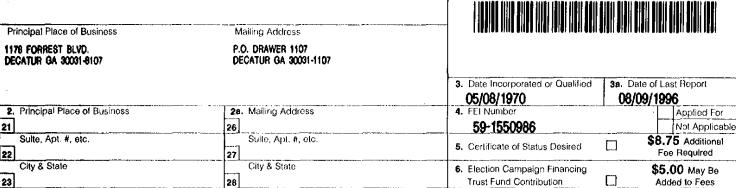
(3)

COLUMBIA PUBLICATIONS, INC.

Principal Place of Business	Mailing Address	
 1178 FORREST BLVD. DECATUR GA 30091-8107	P.O. DRAWER 1107 DECATUR GA 30031-1107	

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FILED Apr 29 1997 8:00am Secretary of State



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9. Name and Address of Current Registered Agent NORRIS, JOHN E. 201 N.MARION ST., STE. 301 LAKE CITY FL 32055

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Country

			_	rue Hequirea			
		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
untry		This corporation has liability for Florida Statutes	or intangible	tax under s. 199.032,] No			
10. Name and Address of New Registered Agent							
81	Name						
82							
83							
84	City		EI	85 Zip Code			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, thoreby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE Signature, typed or printed name of registered agent and tirc if applicability (NOTE Registered Agent a griature regulated when reinstating) DATE								
12.			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	STD	DELETE	1.1 TALE	Change Addition				
NAME	HAGOOD, DONNA		1,2 NAME	·				
STREET ADDRESS	2851 ROYAL PATH CT.		1,3 STREET ADDRESS					
CITY-ST-ZIP	DECATUR GA		1.4 CITY - ST - ZIP					
TITLE	PD	DELETE	2.1 TITLE	Change Addition				
NAME	HAGOOD, THOMAS R. JR.		2.2 NAME					
STREET ADDRESS	1178 FORREST BLVD.		2 3 STREET ADDRESS					
CITY-ST-ZIP	DECATUR GA		2 4 DITY-S1- Z IP					
TITLE		DETETE	3.1 TOTLE	Change Addition				
NAME			3.2 NAME					
STREET ADDRESS	•		3.3 STREET ADDRESS					
CITY-ST-ZIP			3,4. CITY-ST-ZIP					
TITLE		DELETE	4.1 TITLE	Change Addition				
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY - ST - ZIP					
TITLE		DELETE	5.1 T/TLE	☐ Change ☐ Addition				
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP	•		5.4 CITY-ST-ZIP					
TITLE		DELETE	6.1 TITLE	Change Addition				
NAME			6.2 NAME					
PETOPET ADDRESS			0.0 (71)(17.1 40(-0000)					

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

404-189-0054